

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4237

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

23938

3

4 0

5 1

6

7 1

8 0

9420.1

10

11

1290-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 14 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in 1b

18 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

8214 JARBOE STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

8214 JARBOE STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

FIRST JOSEPH

MIDDLE

LAST HALCHAK

4. DATE OF DEATH

JULY 26 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/14/1914

9. AGE (last birthday)

49

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

SUN ELECTRIC CORP.

11. BIRTHPLACE (City and state or country)

PHILADELPHIA PENNA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROMAN

13b. MOTHER'S MAIDEN NAME

HALCHAK

13c. MOTHER'S MAIDEN NAME

EVA FREDERICKA

14. NAME OF HUSBAND OR WIFE

MRS. JEANNE HALCHAK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WART

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. JEANNE HALCHAK

Address

8214 JARBOE STREET

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary thrombosis

Fifteen mos

DUE TO (c)

Coronary thrombosis

Seven weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE - 8TH, 1957 to July 26, 1963 and last saw him alive on JULY 15, 1963  
Death occurred at approximately 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alexander Shifrin M.D.

22b. ADDRESS

701 East 63rd K.C. Mo.

22c. DATE SIGNED

7/27/63

23. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMERS SONS

ADDRESS

1391 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

7-29-63

26. REGISTRAR'S SIGNATURE

Pruth Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Alexander Hoffman  
member Hospital  
9.10.12.00

05-01-00

01-00

0-00

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.